

STATEMENT OF SECURITY RISK

The following user has a requirement involving a computer which has or will be accredited to process classified information that cannot be met without a deviation from the DOE HQ Master IS Security Plan. (Attach a completed copy of Attachment 5, Individual Personal Computer Security Plan.)

U/SO: _____
Printed Name

Mission Requirement: The user has a need to ...[insert description of requirement and its justification].

Deviation: [Describe the engineered procedure/technique which addresses the mission requirement. Explain how the procedure/technique is the most effective way of providing the necessary functionality.]

Security Risk: I understand that the security risks are inherently greater when the above is effected. Appropriate security countermeasures have been developed to negate this potential risk of compromise. However, I understand a residual risk of compromise still remains.

Signatures

User's Acknowledgment: I understand my responsibilities as prescribed in [supplemental security procedures, and] the Master IS Security Plan. I will take the necessary countermeasures to safeguard classified information. Further, I understand that failure to adhere to these policies may result in a security infraction.

U/SO Assurance: _____ / ____ / ____
Printed Name Signature Date

Office Director's or Program Manager's Risk Acceptance: I certify that the above requirements cannot be provided utilizing the prior approved methods/techniques associated with a currently accredited system and that the deviation from present policy as cited above is necessary. I understand the potential risk involved with the above procedure/technique. I assume management responsibility for the security risks involved. Further, I understand that revocation of classified accreditation may occur if the user does not comply with established procedures.

Manager's Assurance: _____ / ____ / ____
Printed Name Signature Date